



ST. JOSEPH COUNTY  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

## St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St Joseph County residents"*

### SEPTIC PERMIT DESIGN/DRAWING SUBMITTAL

Please send all electronic correspondence to [envirohd@sjcindiana.com](mailto:envirohd@sjcindiana.com)

This sheet must be completed and submitted with any design or drawing, including worksheets, prepared as part of an application for a St. Joseph County Septic Permit as well as any revision to a drawing.

#### Administrative Information:

Applicant: \_\_\_\_\_

Application Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Paper Size: 8.5x11\_\_\_\_\_ 8.5x14\_\_\_\_\_ 11x17\_\_\_\_\_ Other(specify)\_\_\_\_\_

#### Pump Assisted Work Sheets: (check those that are attached)

Flood dose: \_\_\_\_\_ Pressure distribution: \_\_\_\_\_ Mound: \_\_\_\_\_

#### Variance: One must be checked for an original submittal.

\_\_\_\_\_ Design meets specifications and/or new construction standards therefore a variance is not required.

\_\_\_\_\_ A complete, signed variance, including signature/s, is attached.

\_\_\_\_\_ A revised, completed, signed variance is attached.

#### Drawing Designation (Check all that apply):

\_\_\_\_\_ This is the original submittal and I have completed the above variance section.

\_\_\_\_\_ This design/drawing supersedes all previously submitted designs/drawings.

\_\_\_\_\_ This design/drawing is an addendum to the previously submitted design/drawing.

\_\_\_\_\_ This information/design/drawing is in response to a Notice of Deficient Application or other communication as requested by \_\_\_\_\_ (Dept. of Health, staff member)

#### Do not submit the design/drawing prior to site marking, staking and/or roping.

#### Certification: I certify that the proposed septic area is:

\_\_\_\_\_ Staked and roped with proper signage for new construction, or

\_\_\_\_\_ Marked for the proposed location of ends of trenches, tanks, manifold, distribution box, utilities and where applicable, the four corners of the aggregate bed and the basal area on a mound for a replacement system or repair.

I certify all staking, roping, and marking is in accordance with the requirements of St. Joseph County Septic Code 51 and policies of the Department of Health. **If the septic system is not staked and roped for new construction or marked for replacement or repair, I understand that this drawing cannot be reviewed.**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date